

CITY OF NOME ADMINSTRATIVE REVIEW AND APPEAL FORM

Appeal #:

This form is for you to appeal the assessed valuation on your property. Complete Sections 1, 2 and 3. Retain a copy for your records, and return or mail the original copy to the City Clerk's Office. Appeals must be returned or postmarked no later than the date indicated on the Assessment Notice. The Assessor will contact you regarding your appeal.

1) I appeal the value of tax parcel #: <u>0 0 1 2 2 1 2 6</u>					
Property legal description: Block 95, Lot 70, Mineral Survey, Other					
Print Owner's Name: Name: Bonsau					
Owner's Mailing Address: 90 1735, Day Phone: 340) 440 - 2446					
None AK 99762, Evening Phone: ()					
Address to which all correspondence should be mailed (if different than above):					

2)	Assessor's Value	Land:	Improvement?	/ I Total:	Purchase Date:
	Assessor s value	20.600	288,200	308.800	2022
	Owner's Estimate of Value	, , , ,			95
Owner's reason for estimate of value (including inventory corrections, sales of comparable properties, and property income statements, if appropriate). The Appellant bears the burden of proof. Grounds for adjustment of assessment are proof of unequal, excessive, improper, or under-valuation based on facts that are stated in a valid written appeal or proven at the appeal hearing.					
Than F you need more space)					
3) gu Sig	I hereby affirm that idelines above, and gnature of owner of SUBSCRIBED are DTARY PUBLIC in and formission Expires:	I that I am the owner o	tion is true and correct or owner's authorized a Lambda 25. 25 Date signed	Print Name (if di	ferent form item # 1)
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My Commission Expires with Office